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What We Know and Need to Know about Medical-Legal Partnership

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WHAT WE KNOW AND NEED TO KNOW ABOUT MEDICAL-LEGAL PARTNERSHIP

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I. INTRODUCTION

The relationship between poverty and poor health is mediated by many different factors. Poor housing conditions, unsafe neighborhoods, lack of health insurance, substandard educational opportunities, environmental threats, job and food insecurity, various forms of discrimination, family dynamics, and other socio-legal problems, often in combination, affect a person's physical and mental health.[1] However, because laws and regulations—such as the regulatory frameworks at play in the housing sector—have a significant role in addressing the underlying causes of poor health, it may be possible to reduce the burden of social conditions that affect health by addressing health-harming legal needs early in settings where those in need of civil legal aid services already seek social, behavioral health, or medical services.[2]

The civil legal aid community continually confronts the challenge of describing, framing, and documenting the extent of civil legal aid needs for low-income populations. Nowhere is that challenge and opportunity more acute than in the emerging integration of social and health care services that is becoming the central mission of health institutions across the United States.[3] Undeniably, health institutions can and should serve as an excellent entry point to civil legal aid assistance for low-income populations. More importantly, health institutions can serve as a crucial leverage point for scarce legal aid resources.

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1. *See generally* Megan Sandel et al., *Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations*, 29 HEALTH AFFAIRS 1697 (Sept. 2010), http://content.healthaffairs.org/content/29/9/1697.full.pdf+html.

2. *See generally* Ellen Lawton & Megan Sandel, *What's Law Got to Do With It? How Medical-Legal Partnerships Reduce Barriers to Health*, CULTURE OF HEALTH ROBERT WOOD JOHNSON FOUNDATION (July 8, 2015, 4:59 PM), http://www.rwjf.org/en/culture-of-health/2015/07/what_s_law_got_todo.html (arguing that civil legal aid lawyers are becoming increasingly necessary in addressing health issues faced by low-income individuals and families).

3. *See, e.g.*, Affordable Care Act, 42 U.S.C. § 18001 *et seq.* (2010) (providing for a massive overhaul of the United States health care system).

For example, close to nine out of ten patients seen in federally-funded public health centers have incomes under 200% of the federal poverty level and are therefore likely to qualify for public legal aid services.[4] Most, if not all, of these patients have health-harming legal needs, meaning that at least some of the social, financial, environmental, or other problems in their lives have a deleterious impact on their health and are in fact amenable to civil legal solutions.[5] Indeed, significant levels of unmet health-harming civil legal needs occur among individuals most often cared for in health center settings; one study estimated that between 50–85% of health center users experience such unmet health-harming civil legal needs.[6]

The impact of social determinants of health, like housing and income, are now well-accepted and documented in the clinical and medical research communities.[7] While it is estimated that over 50% of a person's health is determined by social factors, the United States spends approximately twice as much on health care services as it does on social services that directly impact those social factors.[8] This contradiction is playing a role in the incipient paradigm shift occurring in health care delivery systems, supported and accelerated by the Affordable Care Act that aims to place a priority on prevention and allows for innovative approaches to addressing social factors like housing, income, and education.[9] It is in this dynamic transformational context that the medical-legal partnership approach has emerged as a leading intervention designed to address this health care conundrum. The growth of the medical-legal partnership field is simultaneously triggering a significant shift in vision, resource allocation, and prevention opportunities for the civil legal aid

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4. MARSHA REGENSTEIN ET AL., NAT'L CTR. FOR MED. LEGAL P'SHIPS, MEDICAL-LEGAL PARTNERSHIP AND HEALTH CENTERS: ADDRESSING PATIENTS' HEALTH-HARMING CIVIL LEGAL NEEDS AS PART OF PRIMARY CARE 1 (Feb. 2015), http://medical-legalpartnership.org/wp-content/uploads/2015/08/Medical-Legal-Partnership-and-Health-Centers.pdf.

5. PETER SHIN ET AL., DEP'T OF HEALTH POL'Y, RCHN CMTY. HEALTH FOUND. RES. COLLABORATIVE, MEDICAL-LEGAL PARTNERSHIPS: ADDRESSING THE UNMET LEGAL NEEDS OF HEALTH CENTER PATIENTS (POL'Y RES. BRIEF NO. 18), at 1 (May 4, 2010), https://publichealth.gwu.edu/departments/healthpolicy/DHP_Publications/pub_uploads/dhpPublication_60CE05B1-5056-9D20-3D0F917148C7E929.pdf.

6. *Id.* at 5.

7. JULIE SIEBENS, U.S. CENSUS BUREAU, EXTENDED MEASURES OF WELL-BEING: LIVING CONDITIONS IN THE UNITED STATES: 2011, at 1 (Sept. 2013), https://www.census.gov/prod/2013pubs/p70-136.pdf; *see also Social Determinants of Health*, HEALTHYPEOPLE.GOV, http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health (last visited Mar. 25, 2016) (listing and detailing social conditions and economic factors that affect an individual's health and access to health care).

8. *See* LAUREN TAYLOR, THE AMERICAN HEALTH CARE PARADOX 1–20 (2013) (pointing to the discrepancy in government spending between social welfare and health care to explain why the U.S. health care system underperforms when compared to other OECD countries).

9. *See* Rebecca Whitaker& Madlyn Morreale, *Affordable Care Act: Opening Doors to MLP Expansion in Safety Net, Primary Care Settings*, BRIDGING THE DIVIDE: TRENDS, TOPICS AND TIPS IN MEDICAL-LEGAL PARTNERSHIP (Oct. 22, 2014, 3:11 PM), http://medical-legalpartnership.blogspot.com/2014/10/affordable-care-act-opening-doors-to.html.

community.[10] With programs operating in 276 hospitals and health centers in 38 states, partnered with over 90 legal aid agencies, medical-legal partnership is arching towards the standard of care in legal aid service delivery nationally.[11] How do we understand and support the growth and transformation that medical-legal partnership is catalyzing in the legal aid sector? And what kind of research and evaluation activities in the MLP field will help improve access and impact for low-income people and communities?

II. THE MEDICAL-LEGAL PARTNERSHIP (MLP) APPROACH TO HEALTH

The MLP approach to health is designed as an integrated, upstream effort among the health care, public health, and legal sectors that collectively work to improve social conditions for people and communities.[12]

A. The Medical-Legal Partnership Approach

A medical-legal partnership centers on a health care team that integrates civil legal aid expertise to address health-harming legal needs for low-income populations at risk for poor health and well-being.[13]

Through the medical-legal partnership approach, hospitals and health centers partner with civil legal aid resources in their community to: (1) train staff at the hospitals and health centers about how to identify health-harming legal needs; (2) treat health-harming legal needs through a variety of legal interventions; (3) transform clinic practice to treat both medical and social issues that affect a person's health and well-being; and (4) improve population health by using combined health and legal tools to address wide-spread social problems, such as housing conditions, that negatively affect a population's health and well-being.[14]

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10. *See generally* Paula Galowitz, *The Opportunities and Challenges of an Interdisciplinary Clinic*, 18 INT'L J. CLINICAL LEGAL EDUC. 163 (2012) (discussing the Medical-Legal Advocacy Clinic at New York University School of Law); Ellen Lawton & Megan Sandel, *Investing in Legal Prevention: Connecting Access to Civil Justice and Healthcare Through Medical-Legal Partnership*, 35 J. LEGAL MED. 29 (2014) (arguing that the reframing of civil legal services for vulnerable populations as a critical facet of health care creates unprecedented opportunities for more efficient use of health and legal resources) [hereinafter Lawton & Sandel, *Investing in Legal Prevention*]; Ellen M. Lawton & Megan Sandel, *Medical-Legal Partnerships: Collaborating to Transform Healthcare for Vulnerable Patients—A Symposium Introduction and Overview*, 35 J. LEGAL MED. 1 (2014) (describing the impact of the Medical-Legal Partnership on public health law and policy) [hereinafter Lawton & Sandel, *Medical-Legal Partnerships*].

11. *See Partnerships Across the U.S.*, NAT'L CTR. FOR MED. LEGAL P'SHIPS, http://medical-legalpartnership.org/partnerships/ (last visited Mar. 25, 2016).

12. Lawton & Sandel, *Medical-Legal Partnerships*, *supra* note 10, at 2.

13. *See The MLP Response*, NAT'L CTR. FOR MED. LEGAL P'SHIP, http://medical-legalpartnership.org/mlp-response/ (last visited Mar. 25, 2016).

14. *See* REGENSTEIN ET AL., *supra* note 4, at 4.

Inherent in the MLP approach is the concept of health-harming legal needs.[15] These needs are social factors that negatively affect a person's health and often require a civil legal expertise or intervention to address/resolve the issue, and encompass the entire constellation of civil legal problems traditionally handled in the civil legal aid community.[16] In the MLP approach, health care, public health, and civil legal aid services are integrated in a way that allows clinical staff at hospitals, clinics, and other sites to screen for health-harming legal needs, work in tandem with legal professionals (including civil legal aid lawyers and pro bono lawyers) and, where necessary, refer patients to a civil legal aid team.[17] In this way, MLPs assist low-income and other vulnerable patients to access the range of benefits and services designed to address social determinants of health.[18]

The National Center for Medical-Legal Partnership has devised a framework of five domains of health-harming legal needs, which correspond to social determinants of health. I-HELP® is a mnemonic used by many MLPs to screen patients for health-harming civil legal needs.[19]

Table 1: I-HELP categories and potential MLP interventions and impacts in each category[20]

I-HELP Issue	Corresponding Social Determinant of Health	Example Civil Legal Aid Interventions	Example Impact of MLP Intervention
Income & Insurance	Availability of resources to meet basic daily need	Appeal denial of food stamps, health insurance	Increase a person's income so that they make fewer trade-offs between food and health care
Housing & Utilities	Healthy physical environments	Secure housing subsidies, protect against utility shut-off	Consistent housing, heat and electricity helps people follow their medical treatment plans
Education & Employment	Access to the opportunity to learn and work	Secure workers compensation, specialized education services	Consistent employment helps provide money for safe housing and food.
Legal Status	Access to the opportunity to work	Resolve veteran discharge status, asylum application	Changing veteran discharge status allows the person to get stable employment
Personal & Family Stability	Exposure to violence	Secure restraining orders, secure adoptions	Less violence at home results in less need for costly hospital visits

15. Lawton & Sandel, *Investing in Legal Prevention*, *supra* note 10, at 33; Lawton & Sandel, *Medical-Legal Partnerships*, *supra* note 10, at 1–6.

16. *See* Lawton & Sandel, *Investing in Legal Prevention*, *supra* note 10, at 31–32.

17. *See id.* at 33.

18. *See id.* at 39.

19. *See* tbl.1.

20. Reprinted with permission. KATE MARPLE, NAT'L CTR. FOR MED. LEGAL P'SHIPS, FRAMING LEGAL CARE AS HEALTH CARE: A GUIDE TO HELP CIVIL AID PRACTITIONERS MESSAGE THEIR WORK TO HEALTH CARE AUDIENCES 3 (Jan. 2015), http://medical-legalpartnership.org/new-messaging-guide-helps-frame-legal-care-health-care/.

B. From Training the Workforce to Population Health Change

In addition to identifying and treating health-harming legal needs, MLPs also train clinicians and other health care team members.[21] Physicians, nurses, medical staff, and other critical service providers inherently understand the contribution that social determinants of health play in their patients' lives, especially when those health professionals are caring for patients with extremely limited financial resources. Often, however, those same health professionals need training to recognize the explicit connection between civil legal aid services and health care needs.

Each year, thanks to MLPs comprised of legal and health team members, thousands of clinicians and other health staff learn about "health-harming civil legal needs"—those legal circumstances that can thwart even the best health care services, preventing individuals from benefiting from the programs, services, opportunities, and legal protections that are designed to improve their health and well-being.[22] MLP legal and health professionals develop and deploy trainings to ensure that the people who work in the clinical setting can recognize health-harming civil legal needs and can effectively access civil legal aid services on behalf of their patients through referrals.[23] Referrals can take several forms, including using health-harming civil legal needs screening tools, referral forms, or more informal mechanisms.[24] These processes are jointly developed with leadership from the health and legal team members.[25] Individual MLPs can determine how best to screen for these needs and the appropriate staff and processes to make screening as efficient as possible. Commonly, MLPs conduct a series of initial training sessions for clinical staff when the partnership begins, with follow-up sessions for new employees or serving as refreshers existing clinical staff. A critical differentiator for training by legal aid teams in the medical-legal partnership context is the on-going coaching, technical assistance, and consultation that is embedded in the health care team.[26]

For example, civil legal aid lawyers from Family Advocates of Central Massachusetts use a three-pronged approach to training for their MLP activities at the Edward M. Kennedy Community Health Center in Worcester, Massachusetts.[27] Training for community health workers focuses on different case examples related to the specific types of legal problems that patients

21. *See* Lawton & Sandel, *Investing in Legal Prevention*, *supra* note 10, at 9.
22. *See id.* at 2.
23. *Id.* at 10.
24. *Id.*
25. *See* Emily A. Benfer, *Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education*, 35 J. LEGAL MED. 113, 128 (2014).
26. REGENSTEIN ET AL., *supra* note 4, at 9.
27. *Id.*

commonly confront.[28] These trainings are aimed at supporting community health workers so that they can work at the top of their license while ensuring that legal issues requiring a lawyer's intervention are appropriately referred in a timely way to the MLP lawyer.[29] Training for front-line health workers focuses more on connecting common social determinants of health with clinical conditions that can be impacted by the MLP intervention.[30] The MLP lawyers also conduct learning sessions for refugees through the health center's refugee health education program.[31] Each type of training session is held about three to four times during the year. Training is reinforced through regular consultations that MLP lawyers provide to health center staff during weekly onsite office hours at the health center.[32]

III. MEASURING THE IMPACT OF THE MLP APPROACH

The MLP approach and the need for its essential integration of the health care and legal teams have been well discussed in the literature.[33] However, no systematic assessment of the impact of such integration has been measured to date.[34] Although the effects of the MLP approach have been relatively untested, some pilot studies have provided enough preliminary evidence to demonstrate the need for an evaluation of MLP on a larger scale.[35] The limited body of evidence presented in the literature includes the impact of medical-legal partnerships in three key domains: financial impact on partners and patients, impact on patient health and well-being, and impact on knowledge and training of health providers.[36]

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28. *Id.*; *see also* Ted Kremer, Monica Lowell, & Valerie Zolezzi-Wyndham, *Public/Private Partnership to Address Housing and Health Care for Children with Asthma*, HEALTH AFFAIRS BLOG (July 22, 2015), http://healthaffairs.org/blog/author/zolezzi-wyndham/.

29. *Id.*

30. *Id.*

31. *Id.*

32. *Id.*

33. TISHRA BEESON ET AL., NAT'L CTR. FOR MED. LEGAL P'SHIP, MAKING THE CASE FOR MEDICAL-LEGAL PARTNERSHIPS: A REVIEW OF THE EVIDENCE 5 (Feb. 2013), http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf.

34. *Id.* at 5 (citing Mary O'Sullivan et al., *Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly-Controlled Inner-City Adult Asthmatic Patients: A Proof-of-Concept Study*, 49(9) J. ASTHMA 911, 914 (2012)).

35. *Id.* *See* Robert Pettignano et al., *Medical-Legal Partnership: Impact on Patients with Sickle Cell Disease*, 128 PEDIATRICS 1482–88 (2011) (noting the positive effect on the health of patients with sickle cell disease when a multitude of socioeconomic factors, including legal issues, were addressed); *see also* Anne M. Ryan et al., *Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress and Wellbeing*, 23 J. HEALTH CARE FOR THE POOR & UNDERSERVED 1542 (2012) (noting the positive benefits of legal intervention on participants' well-being and stress test scores).

36. *Id.*

A. Financial Impact on Partners and Patients

Studies over the past ten years in the MLP movement detail significant return on investment (ROI), including in a cancer-focused MLP that generated nearly $1 million via resolution of denied benefit claims and a rural MLP that demonstrated a 319% ROI during a two-year study.[37] Indeed, many MLPs can provide a direct financial impact for a hospital or health center as a result of their legal interventions related to public benefit maximization.[38] The alignment of mission and financial incentives make a compelling case for establishing MLPs.

B. Impact on Patient Health and Well-being

MLP programs have consistently sought to demonstrate the positive impact they can have on patient health. Several studies have made explicit the health benefits, including (1) a 91% reduction in ER visits for adult asthma patients following housing interventions;[39] (2) improved pregnancy outcomes, lower rates of abuse and neglect and better prenatal health behaviors;[40] and (3) a reduction in stress alongside improved compliance for cancer patients.[41]

C. Impact on Knowledge and Training of Health Providers

There has been an ongoing effort to document the impact of education and training through the MLP approach on both learners and professionals.[42] As the field of interprofessional learning accelerates, MLPs are seen as increasing knowledge for both legal and health care learners and MLP resources and training bolster staff capacity and confidence.[43]

IV. TOWARDS A NEW STANDARD OF CARE IN THE HEALTH CARE SECTOR: CIVIL LEGAL AID AS AN "ENABLING SERVICE"

As health institutions look to civil legal aid agencies to help meet the "Triple Aim" goals that are the new target in health care transformation—to improve patient and population health while lowering costs—they are redefining the

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37. James A. Teufel, *Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-up Study*, 23 J. HEALTH CARE FOR THE POOR & UNDERSERVED 705, 709–10 (2012).

38. *Id.*

39. O'Sullivan et al., *supra* note 34, at 913.

40. BEESON ET AL., *supra* note 33, at 6.

41. Stewart B. Fleishman et al., *The Attorney as the Newest Member of the Cancer Treatment Team*, 24 J. CLINICAL ONCOLOGY 2123, 2124 (2006) (citing FORDHAM SCH. OF LAW, Student Study, LEGALHEALTH (2006)).

42. Elizabeth Tobin-Tyler, *Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality*, 2008 ROGER WILLIAMS U. STAFF PUBLICATIONS 249, 250 (2008).

43. *Id.* at 19.

supportive services that have historically been the hallmark of health care delivery for low-income populations. In the national system of primary care health centers that provide care for over 23 million low-income Americans, Section 330 of the Public Health Service Act, the federal law that authorizes the health center program nationwide, permits health centers to look beyond traditional primary care services. The Act allows them to also provide a range of non-medical services—termed "enabling services"—intended to support patients in gaining access to appropriate federal, state, and local resources related to social, educational, housing, and other needs.[44] In the fall of 2014, the Health Resources and Services Administration (HRSA) released guidance that clarified civil legal aid services may be included in the range of enabling services that health centers may choose to provide to meet the primary care needs of their patients.[45]

This policy change creates real financial and mission-aligned incentives for health centers to develop medical-legal partnerships with civil legal aid agencies in their communities. Many health centers have started internal discussions about leveraging this new policy to support the development of a medical-legal partnership.[46] Investments like these are critical to increasing access for patients, since the existing civil legal aid infrastructure is wholly insufficient to reach most health center patients.

More broadly, non-profit hospitals are assessing their obligations under the ACA, and allocating resources towards medical-legal partnership activities.

> [T]his may be one of the most promising opportunities for hospital community investment programs, given the impact of legal barriers in areas such as housing, economic, environmental, and nutritional assistance on patient health. A striking example of an alliance between hospitals and lawyers to improve community health can be found in "medical-legal partnership (MLP)" programs—that is, programs under which hospitals integrate civil legal aid lawyers who specialize in resolving legal problems linked to the social conditions of health.[47]

Medical-legal partnerships have shown significant community benefits by alleviating system-wide social conditions, such as housing reconstruction to meet

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44. 42 U.S.C. § 254b (2012); REGENSTEIN ET AL., *supra* note 4, at 1. *See generally* HEALTH RESOURCES & SERVS. ADMIN., SERVICE DESCRIPTORS FOR FORM 5A: SERVICES PROVIDED, http://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf (last visited Mar. 25, 2016).

45. *See generally* HEALTH RESOURCES & SERVS. ADMIN., *supra* note 44.

46. *Id.*

47. Sara Rosenbaum, *Tax-Exempt Status for Nonprofit Hospitals Under the ACA: Where Are the Final Treasury/IRS Rules?*, HEALTH AFFAIRS BLOG (Oct. 23, 2014), http://healthaffairs.org/blog/2014/10/23/tax-exempt-status-for-nonprofit-hospitals-under-the-aca-where-are-the-final-treasuryirs-rules/.

city codes that affect community and population-wide health.[48] As a direct result of the Affordable Care Act, nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) to qualify for tax-exempt status.[49] The CHNA allows hospitals to invest in programs like MLP to show their ongoing work with the communities they serve.[50] These community benefits are both social as well as financial. A study conducted by Teufel and others showed that MLPs provide significant return on ROI to hospitals through legal interventions that allow their uninsured patients to receive insurance.[51] As a result, significant charges are recovered by the hospital.

Strategic leveraging and investment in medical-legal partnerships help drive scarce, skilled resources towards health care institutions, creating the potential for a highly functioning system of care that optimizes existing civil legal aid resources for the benefit of low income patients, as well as optimizing health care resources.

V. SHIFTING THE PARADIGM TOWARDS PREVENTION

Across the medical-legal partnership field, teams of legal and health care professionals are devising upstream strategies to prevent, rather than react to, urgent issues like access to special education services, sanitary housing, and basic public benefits.[52]

The health sector is decades ahead of the legal profession in terms of thinking about prevention.[53] A helpful analogy likens surgery to litigation—both call for the intensive, yet inefficient, allocation of resources focused on a single individual.[54] Both surgery and litigation always will be necessary in some cases, but prevention can ensure that reliance on surgery or litigation is lessened by reallocating resources toward prevention activities.[55] In the health context, the classic example is cardiac health. Public health campaigns, geared toward improving cardiac health by promoting tobacco cessation, exercise, and weight

48. James A. Teufel et al., *Process and Impact Evaluation of a Legal Assistance and Health Care Community Partnership*, 10 HEALTH PROMOTION PRACT. 378, 381 fig.1 (2009).

49. Maureen Byrnes, George Washington Univ., Hospitals Joining Forces on Community Health Needs Assessment and Implementation, National Forum on Hospitals, Health Systems & Population Health (Oct. 22–24, 2014) (transcript available at http://www.ehcca.com/presentations/phhosp1/byrnes_bo2.pdf).

50. *Id.*

51. Teufel et al., *supra* note 48, at 383.

52. Mallory Curran, *Preventive Law: Interdisciplinary Lessons from Medical-Legal Partnership*, 38 N.Y.U. REV. OF LAW & SOCIAL CHANGE 595, 597 (2014), http://socialchangenyu.com/volume-38-issue-4/preventive-law-interdisciplinary-lessons-from-medical-legal-partnership/.

53. Lawton & Sandel, *Investing in Legal Prevention*, *supra* note 10, at 1–6.

54. Ellen M. Lawton, *Medical-Legal Partnerships: From Surgery to Prevention?*, MGMT. INFO. EXCHANGE J. 37, 37–38 (2007).

55. *Id.*

loss, have, as their ultimate goal, improved health and the reduction of cardiac surgery rates.[56]

While it appears that the legal community is reaching a consensus that the practice of individual representation for vulnerable populations is too intensive, inefficient, and costly, it has not yet coalesced around a set of prevention strategies.[57] The public health field holds substantial experience in documenting the impact of prevention, as well as in shifting professional and community culture toward prevention.[58] *Preventive law* presents an opportunity to help move from individual legal interventions to broader systemic impact at the institutional and community levels. Individual cases in the health setting serve as diagnostic tools for failed policies, which are then more effectively addressed together by an integrated health and legal team.[59] But it is an axiom of civil legal aid service provision that by the time clients realize that they have a legal problem, it is likely so far along that prevention is impossible.[60] The health care setting, above virtually all other community settings, can provide the access, expertise, and atmosphere for preventive law practice. To provide early, preventive legal aid services, attorneys must practice civil law where clients frequently visit and where the idea of prevention already carries weight: health care sites. Indeed, legal aid services only can be accessed preventively in a setting where clients are seen routinely and can be screened for legal problems. MLPs can bridge the demonstrated gaps in the provision of health and legal services—providing a dynamic, multi-stakeholder team that serves the poor and disadvantaged, and that supports justice and better health.[61]

VI. THE NEXT FRONTIER: HOW DO WE GET THERE?

Re-framing civil legal aid services for vulnerable populations as a critical facet of health care creates unprecedented opportunities for more efficient use of health and legal resources. Civil legal aid is first and foremost about promoting

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56. *See id.*

57. *See id.*

58. *Id.* at 42.

59. Andrew F. Beck et al., *Identifying and Treating a Substandard Housing Cluster Using a Medical-Legal Partnership*, 130 PEDIATRICS 831, 832 (2012) (citing D. Weintraub et al., *Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients*, 21 J. OF HEALTH CARE FOR THE POOR & UNDERSERVED 157–68 (2012); B. Zuckerman et al., *Medical-Legal Partnerships: Transforming Health Care*, 372 LANCET 1615–17 (2008)); *see also* Andrew F. Beck et al., *Housing Code Violation Density Associated with Emergency Department and Hospital Use by Children with Asthma*, 33 HEALTH AFF. 1993, 1996 (2014).

60. Ellen M. Lawton, *Integrating Healthcare and Legal Services to Optimize Health and Justice for Vulnerable Populations: The Global Opportunity*, *in* 2 LAW OF THE FUTURE & THE FUTURE OF LAW 73, 78 (Sam Muller et al. eds., 2012).

61. Robert Pettignano et al., *Can Access to a Medical-Legal Partnership Benefit Patients with Asthma Who Live in an Urban Community?*, 24 J. HEALTH CARE FOR THE POOR & UNDERSERVED 706, 712 (May 2013).

the enforcement of existing laws that protect vulnerable populations.[62] If health is at the core of well-being for all vulnerable clients, then to reduce the dual burden of health and legal problems, the legal community—including *pro bono* resources in corporate and private law firms—must closely align its activities and priorities with public health and health care partners, and invest in leaders who can innovate across both sectors, leveraging scarce legal resources most effectively.[63]

As the health and public health communities turn their attention to health disparities—not just measuring their impact, but devising solutions to address them—they are discovering the critical importance of allies in the legal aid community. For example, the American Association of Medical Colleges, which oversees the training and support for all of the nation's physicians, has launched an initiative to document the health equity impacts of medical-legal partnership through a small community of practice.[64] This next frontier will serve to elevate and celebrate the role of civil legal aid in redressing core disparities in our communities—but can only be successful through intentional, integrated partnerships which require transformative, innovative leadership.[65]

Close to twenty years of field experience in guiding civil legal aid agencies to develop sustainable partnerships—and to better coordinate their scarce resources to truly leverage the health and public health systems—has led to some key insights and recommendations that are shared below.

- *The Missing Data Point*

Civil legal aid agencies should uniformly and consistently collect the single data point that depicts *where clients who seek their services get their health care*—it tells the story of distribution of civil legal aid resources in a community and helps drive health care investment.[66]

- *Use Public Health Data to Allocate Resources and Set Priorities*

Every single community, county and state produces substantial data and metrics on community health and well-being, all of which are connected to legal needs.[67] Use existing data to inform priority-setting and help align civil legal aid

62. SHIN ET AL., *supra* note 5, at 1.

63. SIEBENS, *supra* note 7, at 1.

64. Kim Krisberg, *Medical-Legal Partnerships Help Patients Address Barriers to Health*, AAMC REPORTER (Oct. 2015), https://www.aamc.org/download/436216/data/2015aamcdonaghuerfp.pdf.

65. James Teufel et al., *Legal Aid Inequities Predict Health Disparities*, 38 HAMLINE L. REV. 329, 353–54 (2015).

66. Ellen Lawton, *The Most Important Data Point Civil Legal Aid Isn't Collecting*, BRIDGING THE DIVIDE: TRENDS, TOPICS AND TIPS IN THE MEDICAL-LEGAL P'SHIP (Nov. 24, 2014), http://medical-legalpartnership.blogspot.com/2014/11/the-most-important-data-point-civil.html.

67. Rosenbaum, *supra* note 47; Affordable Care Act, 26 U.S.C. § 501(r)(3) (2012).

activities with other, frequently better-funded, mission-aligned organizations and initiatives.

- *Focus on Coordination and Prevention*

Like the health community, the legal community has spent decades moving to a highly specialized infrastructure that does not allocate scarce resources efficiently and does not prevent health-harming legal needs. As a legal prevention strategy, MLPs are a necessary counterweight to the Civil Gideon movement that drives legal needs towards an already burdened court system that is not poised for growth and investment.[68]

- *Look to Health Care Field for Transformation Cues*

The legal community has much to learn from the health care community about leadership, innovation, and scaling. Health as an operating principle for justice would allow data-driven realignment of resources to reach vulnerable populations more efficiently.[69]

- *Focus on Basic Communication Strategies About Civil Legal Aid*

Potential partners and investors outside of the civil legal aid community do not understand such basic precepts as the difference between criminal and civil law for vulnerable populations. The legal community must cohere in its language (e.g., "legal aid" versus "legal services") and in a framework that is accessible to other sectors.[70]

68. Ellen Lawton, *The Legal Aid Community Needs its Own Affordable Care Act*, BRIDGING THE DIVIDE: TRENDS, TOPICS AND TIPS IN THE MEDICAL-LEGAL P'SHIP (Apr. 21, 2014), http://medical-legalpartnership.org/new-mlp-blog-legal-aid-community-needs-affordable-care-act/.

69. Lawton & Sandel, *Investing in Legal Prevention*, *supra* note 10, at 30.

70. MARPLE, *supra* note 20, at 1.